Appeal of a denial or reduction of ABA services

Use this when the insurer or Medicaid plan cuts hours, denies an authorization, or says your child isn't making enough progress.

Date: _____

To: Appeals Department, _____ (plan name) Member ID: _____ Claim/Reference #: _____

From: _____ (parent/guardian of _____, grade _____)

Re: Formal appeal of the denial/reduction dated _____

I am appealing the decision to deny or reduce applied behavior analysis services for my child. The denial letter states: _____.

I request the following, which I am entitled to under my plan and under federal and state law: (1) the specific clinical criteria or guideline used to make this decision and the name and credentials of the reviewer; (2) a peer-to-peer review between the reviewer and my child's treating BCBA; (3) a copy of my complete claim file; and (4) if this appeal is denied, an independent external review.

The decision was made by someone who has never met my child. Attached is what the reviewer did not have: my child's current treatment plan and progress data from the provider; my own 14-day home data showing _____; a continuity log showing _____ cancelled or unstaffed sessions, which affected progress through no fault of my child; and a letter from my child's physician.

Reduced services will result in _____. I ask that services continue at the current level while this appeal is decided.

Please reply in writing. I am keeping a copy of this letter and the date I delivered it.

Sincerely,

_____

Phone: _____ Email: _____

Two tracks: internal appeal first, then external review (in California, the DMHC Independent Medical Review for most plans, or the CDI for others; other states have an equivalent). Deadlines are short and printed on the denial letter. Send the appeal by a method with proof of delivery. Attach your DRAGENparent graph and the continuity log; a reviewer who never met your child needs to see your child's data.

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